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CHAPTER 5. QUALITY MANAGEMENT

5.01 POLICY

It is VA (Department of Veterans Affairs) policy that the Readjustment Counseling Service manifest measurable quality program components in each Vet Center.

5.02 BACKGROUND

A systematic integrated Readjustment Counseling Service quality management program was initiated in FY (Fiscal Year) 1986 in response to continuing high utilization of services and increasing severity and complexity of some cases. Quality measures were instituted recognizing the unique Vet Center features of outreach, a combination of professional and peer counseling, and an informal non-medical environment.

5.03 PROGRAM COMPONENTS

The Quality Management Program includes the following major components:

a. At least one VHA (Veterans Health Administration) qualified mental health professional on staff at all Vet Centers (See M-12, Pt.I, Ch. 2, Par. 2.08).

b. Quality management indicators for continuous monitoring of Vet Center and contract operations, for inclusion in VHA internal and external review programs. Readjustment Counseling Service continuous monitoring criteria include:

(1) Documentation of military history in the veteran's client file.

(2) Follow-up contact (written or telephonic) 90 days after the last contact with clients documented in the veteran's client file.

(3) Presence in the Vet Center of a written outreach plan specific to the unique features (social, economic, and geographic) of the Vet Center catchment area.

c. Formal Mortality and Morbidity Review of all suicides occurring with active Vet Center clients, and reporting of same to the Office of the Medical Inspector.

d. Standards for Vet Center clinical records, to include protocols for brief and comprehensive military history.

e. Formal review of records and all operations by Readjustment Counseling Service management during specified periodic site visits, utilizing standardized and continuously refined site visit protocols.

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f. RMEC (Regional Medical Education Center) sponsored continuing regular in-service training programs for all staff. NOTE: The required curriculum covers all major Vet Center service components.

g. Privileging of all Vet Center professional staff (social worker, clinical psychologists and psychiatric nurses) through the VA medical center Clinical Executive Board.

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h. Privileging of all professional external clinical consultants at Vet Centers through the VA medical center Clinical Executive Board (see M-12, Pt. II, Ch. 4, Par. 4.06).

i. Background check of academic and clinical credentials for all Vet Center Team Leader and Counselor new hires.

j. Regular external clinical consultation for review of cases, with particular attention to complicated cases, by a VA medical center or private sector mental health professional. NOTE: This is in addition to clinical case review and supervision by the Team Leader and/or Clinical Coordinator (see M-12, Pt. II, Ch. 4, Par. 4.06).

k. Critical event plans for responding to clinical emergencies involving threat of suicide and/or violent behavior.

l. Clinical collaboration between the Vet Center and the VA medical center to include participation of the Vet Center Team Leader on the medical center Mental Health Council (see M-12, Pt. II, Ch. 4, Par. 4.07).

m. Establishment of a core reading list of professional literature for all Vet Center service providers.

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